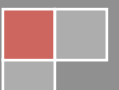


# Seminole Nation Career Services Application

(For WIA, Job Placement & Training and  
TERO)

PLEASE READ THE ENCLOSED  
INFORMATION AND  
REQUIREMENTS BEFORE  
COMPLETING THIS  
APPLICATION

After reading, if you still have questions, contact a  
Career Services Staff member – (405) 234-5249 or  
(405) 234-5288



**NAME:** \_\_\_\_\_**DATE:** \_\_\_\_\_***Application Checklist: (For Client's use)***

Career Services Program services are made possible thru federal grants and documentation is required. You will need to provide AT LEAST the following verifications or documentation\*.

**ITEMS 1-7: Provide ONE document from each. ITEM 8: Provide ANY and ALL verification for past 6 months Income.**

**1. Identification-** (verification of Age/Date of Birth) ☐ CDIB or Tribal membership card ☐ Driver's License  
☐ State Issued Picture I.D ☐ Birth Certificate

**2. Proof of Residence (must include your name, address, and dated within last 30 days)**

☐ Utility Bill ☐ Postmarked envelope ☐ Rent Receipt

☐ Notarized Statement signed by person who owns the house where you are currently living **AND** a current utility bill of homeowner (notary services available in Career Services)

**3. Native American Indian Blood and/or Tribal Enrollment**

☐ Tribal Enrollment Card ☐ BIA Letter ☐ CDIB (Certified Degree of Indian Blood)

**4. Identification of US Citizen -** ☐ Birth Certificate ☐ CDIB or Tribal membership card ☐ Social Security Card

**5. Registration with Selective Service (only for male applicants 18 years to 26 years old).**

☐ Selective Service letter ☐ Wallet-size Registration Acknowledgment ☐ Computer website printout.

**6. ALL applicants 18 years old and older must provide ONE of the following:**

☐ **Employed:** Proof of employment (paysstub, letter, or completed verification of employment form).

☐ **Seeking Education Assistance** Proof of enrollment in Educational Facility

☐ **Seeking Employment & All OTHERS 18 or older** (copy of unemployment benefits, copy of layoff notice, copy of public assistance records such as general assistance (GA), Supplemental Security Income, Food Stamp Assistance)

**7. Assessment Test** (Taken at Career Services) **OR** provide test results from test taken within the last year.

☐ KeyTrain ☐ ACT/SAT ☐ CAPS/COPS/COPES ☐ WorkKeys Scores

**8. INCOME SOURCES FOR THE LAST 6 MONTHS MUST BE PROVIDED for EVERYONE in your household. Examples of this type of documentation include:**

☐ Pay stubs or Letter from Employer

☐ Social Security Benefit Letter

☐ Unemployment Benefit Letter

☐ Federal Financial Aid/Grant Documents (PELL and/or Tribal)

Your household is defined as anyone who was included on the same income tax document as you were. If claiming ZERO income from any source, you must explain how you have provided for yourself (home, utilities, food, etc.)

\*Additional documents may be requested depending on your particular household situation. Review and approval process usually takes 3 to 5 business days, but could take longer. You can expedite the process by providing complete information and documentation. The sooner you complete the documentation process, take the assessment test, the sooner determination of eligibility. Incomplete applications after the application deadline will not be funded.

**DATE OF APPLICATION:****DATE APPLICATION RECEIVED:**

SOCIAL SECURITY #

GENDER

BIRTH DATE

AGE

☐ Male ☐ Female

NAME: LAST FIRST MIDDLE INITIAL MAIDEN COUNTY

PHYSICAL Residence ADDRESS: CITY STATE ZIP

MAILING ADDRESS if different than Physical CITY STATE ZIP

EMAIL ADDRESS

**PHONE NUMBER(s)**

Home: Cell #: Alternate #:

In Case of Emergency: CONTACT NAME, RELATIONSHIP, ADDRESS, PHONE #:

**YOUR MARITAL STATUS**☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Other**TRIBAL MEMBERSHIP OR AFFILIATION (Identification Required)**Federally recognized tribe(s): U. S. CITIZEN? ☐ Yes ☐ No**VETERAN / Military Service:**

(Include Active, Inactive, or Reserves)

**SELECTIVE SERVICE REQUIRED IF** born after 1959

or between the ages of 18 to 26 years of age

☐ Yes ☐ No ☐ Yes ☐ No ☐ Not Applicable

EDUCATIONAL LEVEL High School Name Last Grade Level Completed

College or Technical School Name Major/Degree/Certification Completed

What field of study is your completed degree or certification?

☐ Drop Out ☐ Current student (9<sup>th</sup>-12<sup>th</sup> grade) ☐ GED ☐ H.S. Diploma ☐ Post H.S.Circle # Years Add'l Education 1 2 3 4 5+ ☐ Certificate ☐ Vo-Tech ☐ Assoc. ☐ BA/BS ☐ Masters ☐ Other:

**BARRIERS: Checkmark indicates: YES this applies to your situation.**

<input type="checkbox"/> Lacks Transportation?	<input type="checkbox"/> Current or previous Substance Abuse problems?
<input type="checkbox"/> Without Driver's License?	<input type="checkbox"/> Domestic Violence Concerns?
<input type="checkbox"/> Lack Child Care?	<input type="checkbox"/> Current Legal Issues / Warrants? <input type="checkbox"/> Have Fines?
<input type="checkbox"/> Have problems with reading or math?	<input type="checkbox"/> Offender
<input type="checkbox"/> Lack Significant Work History?	<input type="checkbox"/> Felony Offense, - Specify _____
<input type="checkbox"/> School Dropout?	_____
<input type="checkbox"/> Pregnant &/or Parenting Youth	<input type="checkbox"/> Displaced Homemaker Specify _____
<input type="checkbox"/> Low Income	_____
<input type="checkbox"/> Homeless	
<input type="checkbox"/> Lack of Care for aging parents?	<input type="checkbox"/> Single Head of Household w/dependents under 18
<input type="checkbox"/> Limited English	<input type="checkbox"/> Low Math Skill Level
<input type="checkbox"/> Disability	<input type="checkbox"/> Low Reading Skill Level
<input type="checkbox"/> Medical Problems? Specify _____	
<input type="checkbox"/> OTHER Specify: _____	

<b>RECIPIENT OF:</b>	<b>DATE Rec'd &amp; Amount</b>	<b>DATE Rec'd &amp; Amount</b>
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**NON-TAXABLE INCOME** (not included as income) ☐ Worker's Comp \_\_\_\_\_

<input type="checkbox"/> BIA Assistance _____	<input type="checkbox"/> Unemployment _____
<input type="checkbox"/> Commodities _____	<input type="checkbox"/> Veteran's Benefits _____
<input type="checkbox"/> Child Care _____	<input type="checkbox"/> WIA-WEP/CRT _____
<input type="checkbox"/> Child Support _____	<input type="checkbox"/> WIA-SYEP/CRT _____
<input type="checkbox"/> Food Stamps _____	<input type="checkbox"/> Other Non-Taxable Income _____
<input type="checkbox"/> Foster Child Payments _____	

**TAXABLE INCOME**

<input type="checkbox"/> Loans _____	<input type="checkbox"/> Alimony _____
<input type="checkbox"/> Pell Grants _____	<input type="checkbox"/> Retirement or Pension _____
<input type="checkbox"/> School Grants _____	<input type="checkbox"/> <b>SALARY / WAGES</b> _____
<input type="checkbox"/> Social Security _____	<input type="checkbox"/> <b>SALARY / WAGES</b> _____
<input type="checkbox"/> Social Security Disability _____	<input type="checkbox"/> Other Taxable Income _____
<input type="checkbox"/> Supplemental Security _____	<input type="checkbox"/> Other Taxable Income _____
<input type="checkbox"/> TANF Caseworker Name _____	

**HOUSEHOLD INCOME:** Begin by listing yourself and then list all people, you provide financial support for or receive support from, usually consisting of your spouse and your children. If you support a person 18 yrs, or older and claim that person on your taxes, they will need to sign an additional form. All income needs to be submitted, including cash payments, gifts of support, etc. (If you file income tax together, that is usually what is meant by 'your household'.)

Please check the boxes that apply to you.

- ☐ Single Individual      ☐ Single-Parent Family      ☐ Two-Parent Family
- ☐ Non-Custodial Parent (Must Provide Legal Documents)   ☐ # of Dependents under 18 Years of Age \_\_\_\_\_

E&T Applicant Name Here	Age/Relationship	Income Source	TRIBE
_____	SELF	_____	_____
<b>Now list other household members below:</b>			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\$ \_\_\_\_\_

Total Number in Household (including yourself) Total Household Income For Past 6 Months  
**(WIA/TERO) only**

**I AM REQUESTING ASSISTANCE WITH THE FOLLOWING:**

Checkmark indicates ALL IMMEDIATE NEEDS THAT APPLY.

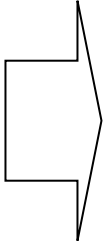
- ☐ EMPLOYMENT      ☐ EDUCATION
- ☐ SUPPORTIVE SERVICES   ☐ YOUTH SERVICES      ☐ OTHER

**PLEASE WRITE A SHORT NOTE REGARDING WHAT ASSISTANCE YOU ARE SEEKING:**

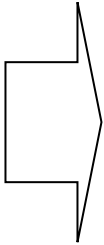
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT HISTORY--**☐ ***Check HERE if NEVER WORKED***

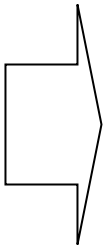
List Current or Most Recent Job First. Include Verifiable Volunteer Work or Work Experiences.



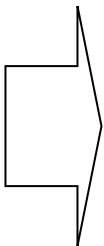
<b>1<sup>st</sup></b> Employer	Address	City	State	Zip
Phone #	Supervisor	Your Position/Job Title		
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteer <input type="checkbox"/> Temporary or Seasonal				
Start – Month/Day/Year	End - Month/Day/Year	Rate of Pay	Average # Hours Per Week	
Duties/Responsibilities				
REASON FOR LEAVING				



<b>2<sup>nd</sup></b> Employer	Address	City	State	Zip
Phone #	Supervisor	Your Position/Job Title		
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteer <input type="checkbox"/> Temporary or Seasonal				
Start – Month/Day/Year	End – Month/Day/Year	Rate of Pay	Average # Hours Per Week	
Duties/Responsibilities				
REASON FOR LEAVING				



<b>3<sup>rd</sup></b> Employer	Address	City	State	Zip
Phone #	Supervisor	Your Position/Job Title		
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteer <input type="checkbox"/> Temporary or Seasonal				
Start – Month/Day/Year	End – Month/Day/Year	Rate of Pay	Average # Hours Per Week	
Duties/Responsibilities				
REASON FOR LEAVING				



<b>4<sup>th</sup></b> Employer	Address	City	State	Zip
Phone #	Supervisor	Your Position/Job Title		
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteer <input type="checkbox"/> Temporary or Seasonal				
Start – Month/Day/Year	End – Month/Day/Year	Rate of Pay	Average # Hours Per Week	
Duties/Responsibilities				
REASON FOR LEAVING				



## PROOF OF RESIDENCYAFFIDAVIT

(TO BE COMPLETED BY RESIDENCE OWNER/RENTER AND SEMINOLE NATION ADULT EDUCATION PROGRAM APPLICANT)

CURRENT UTILITY BILL IN THE RESIDENCE OWNER'S/RENTER'S NAME MUST ACCOMPANY THIS AFFIDAVIT.

***This form shall be completed for applicants who are living within the jurisdiction of the Seminole County and who are not the primary residence owner/renter. Complete all fields of this affidavit, in ink, in the presence of a Notary Public.***

I, \_\_\_\_\_, certify that I am over eighteen (18) years of

*Residence Owner or Renter*

age and competent to testify to the facts and matters set forth herein; and also certify that I am living in a shared housing situation with \_\_\_\_\_, *the*

*Name of Client*

*applicant* for services through the Seminole Nation Job Placement & Training Program (JP&T), and that the physical address of the housing property is:

Address:

\_\_\_\_\_

City:

\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work /Cell Phone: \_\_\_\_\_

I understand that persons submitting or causing to be submitted any false information in connection with any application, report or other document, upon which the provision of Federal financial assistance or any other payment of Federal funds is based, may be subject to criminal prosecution under provisions such as Sections 287, 371, or 1001 of Title 18, U.S. Code.

This Proof of Residency Affidavit is valid for the current application being submitted ONLY. I solemnly affirm under the penalties listed above that the content of this affidavit are true to the best of my knowledge, information, and belief.

\_\_\_\_\_  
Printed Name of Residence Owner/Renter

\_\_\_\_\_  
Signature of Homeowner/Renter

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Career Services Staff

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My commission expires: \_\_\_\_\_

Notary Public: \_\_\_\_\_

**List your monthly income****Sources Per Month:**

Wages (yourself, after taxes)	\$ _____
Wages (Others in your household, after taxes)	\$ _____
Tips, bonuses	\$ _____
Child support	\$ _____
Unemployment compensation	\$ _____
Social Security of Supplemental Security Income	\$ _____
Public Assistance	\$ _____
Food Stamps	\$ _____
Other: _____	\$ _____

<b>TOTAL INCOME:</b>	<b>\$ _____</b>
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**LIST YOUR TOTAL MONTHLY EXPENSES****Expenses Per Month:**

Rent or Mortgage	\$ _____
Heating Fuel & Electricity	\$ _____
Water or City bill	\$ _____
Phone	\$ _____
Other household expenses (cable TV, internet, etc.)	\$ _____
Groceries	\$ _____
Transportation	\$ _____
Fuel costs to and from work	\$ _____
Car Payment	\$ _____
Car Repairs/Maintenance	\$ _____
Insurance (car, life, home)	\$ _____
Medical Bills	\$ _____
Child Care	\$ _____
Child Support	\$ _____
Loans	\$ _____
Credit Cards	\$ _____
Fines	\$ _____
Work attire & tools	\$ _____
Toiletries	\$ _____

<b>TOTAL EXPENSES</b>	<b>\$ _____</b>
-----------------------	-----------------

<b><u>Total Income – Total Expenses = UNMET NEED</u></b>	<b>\$ _____</b>
--	-----------------



(Print Name) \_\_\_\_\_

SS# \_\_\_\_\_

Date: \_\_\_\_\_

***NOTICE OF RIGHT TO GRIEVANCE PROCEDURE (20 CFR 667.600):***

Any applicant has the right to a grievance procedure. If it is believed that there was not proper assistance, treatment, service of consideration given by the Seminole Nation Career Services, bring or mail the written and signed complaint to the Seminole Nation Career Services, Mekusukey Mission, 12575 NS 3540, Seminole, OK or mail to PO Box 1498, Wewoka, OK 74884. Alternative remedies under federal, state, or local law may be pursued if there is non-action within sixty days of the filing of a complaint or if the grievance procedure has been exhausted at the grantee level, appeal may be made to:

Seminole Nation Principal Chief, PO Box 1498, Wewoka, OK 74884

For WIA Workforce Investment Act Program: US Department of Labor/DINAP, 200 Constitution Ave, Rm. N-4123 Washington, DC 20210, (200)219-6507.

**INDIVIDUALIZED PLAN OF SERVICE:** *I further understand that a DETERMINATION OF ELIGIBILITY does not guarantee services and that not all services will be financial in nature. I also understand that I am required to complete a formal ASSESSMENT TEST to finalize the application process. I agree to work together with my assigned counselor to develop an EMPLOYABILITY DEVELOPMENT PLAN which details my individual needs and the steps I will take to achieve my goals. I understand priority is given to those who help themselves and have not previously received service. By my signature below, I indicate my agreement to abide by the policies and procedures set forth, and release of information as necessary to verify information, provide, and/or obtain services on my behalf.*

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent or Legal Guardian Signature IF Applicant is Under 18 \_\_\_\_\_

Date \_\_\_\_\_

**\*THE REMAINDER OF THIS APPLICATION FOR CAREER SERVICES STAFF USE ONLY\***

**INCOME CALCULATION**      **Six (6) Month Period** \_\_\_\_\_ **TO** \_\_\_\_\_

Total Number In Household : \_\_\_\_\_ Excluded Income- Source: \_\_\_\_\_

*Counted Income ONLY:*

Applicant	Source	Amount

Other Household Member(s)	Source	Amount

Federal Poverty Guideline Limit: \_\_\_\_\_ Total Six Months Income: \_\_\_\_\_

Economically Disadvantaged: € YES Below Federal Guideline € NO Exceeds Poverty Guidelines

\*If Youth, At-Risk?



## **Seminole Nation of Oklahoma Career Services**

**12575 NS 3540, Seminole, OK 74868**

**PO Box 1498, Wewoka, OK 74884**

**(405) 234-5249 or (405) 234-5288**

### **CONSENT TO RELEASE INFORMATION**

-----  
**INSTRUCTIONS:**

1. Fill out all appropriate fields on this form, in ink, in the presence of a notary public.
2. Send the original form to the address above or hand deliver to the Seminole Nation Career Services

**PLEASE PRINT**

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Date of Birth

**Authorization:**

**I hereby authorize the Seminole Nation Career Services to obtain information about me that is pertinent to my application for assistance.**

**I hereby authorize Seminole Nation Career Services to make additional copies of this original notarized Consent to Release Information form as needed, and such copies shall be treated as originals.**

\_\_\_\_\_  
***Applicants Signature***

\_\_\_\_\_  
***Date***

**Subscribed and sworn to me on this \_\_\_\_\_ day of \_\_\_\_\_,**  
**20\_\_\_\_\_**

**My commission expires: \_\_\_\_\_**

**Notary Public: \_\_\_\_\_**